



Iowa Certified Public Manager Program

Certified Public Manager Program Application

PART A. To Be Completed By Applicant

Application is requested for Calendar Year: _____

Employee Name: _____
(Last) (First) (Initial)

Title: _____ Organization: _____

Business Address: _____

Home Address: _____

Email Address: _____

Please check the category below that most accurately describes your current position:

☐ Senior Manager ☐ Middle Manager ☐ Supervisor ☐ Employee

Please check the category below that most accurately describes your level of education completed:

☐ High School ☐ Associate ☐ Baccalaureate ☐ Graduate

Total Years in Government: _____

Management or Managerial Staff Experience

<u>Dates</u>	<u>Employer</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach the following with this application:

- Signed letter of intent to participate fully and complete all requirements (Part C)
- Letter of recommendation from your supervisor

Applicant's Signature: _____ Date: _____

Submit completed applications and attachments to:

CPM Program Coordinator
Performance & Development Solutions (PDS)
Department of Administrative Services
Grimes Building
400 East 14th Street
Des Moines, IA 50319

Accommodation Request:

Please indicate if you have any special needs that we can address to make your participation more enjoyable. Please allow eight weeks notification.

☐ Braille ☐ Sign Language Interpretation
☐ Large Print ☐ Other: _____

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PART B. To Be Completed By Employer

Courses will be held over 17 months in Des Moines two days each month with the exception of one four-day session. The curriculum consists of 300 hours of professional training. The cost of the program is \$3,500.

BILLING INFORMATION *(please complete one section):*

Please Bill State Agency:

Agency Accounting Line: _____

(Fund)

(Agency)

(Org)

Please Bill Organization:

Organization: _____

Billing Contact: _____

Contact Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

BILLING PREFERENCES *(please check one):*

☐ Please bill agency/organization a one-time fee of \$3,500

☐ Please bill agency/organization a monthly fee of \$250 for 14 months

* The first billing is the first month after the program begins.

This nomination for _____ has been made without preference to race, color, national
(Employee Name-Printed)

origin, sex, age, disability, creed, or religion. This applicant will be permitted to participate in and complete all requirements of the Certified Public Manager Program.

Name of Supervisor: _____

Title: _____

Phone: _____

Supervisor Signature: _____

Organization Head/Appointing Authority Signature: _____

For more information about the CPM program, visit our website at: <http://das.hre.iowa.gov/cpm.htm>

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Letter of Intent

PART C. To Be Completed By Applicant

CPM Program Coordinator
Performance & Development Solutions (PDS)
Department of Administrative Services
Grimes Building
400 East 14th Street
Des Moines, IA 50319

CPM Program Coordinator:

This letter expresses my intent to participate fully and complete all requirements of the Certified Public Manager Program. I will commit to attend and participate in all classes throughout the seventeen-month curriculum. Additionally, I will commit to applying the program's principles and the professional knowledge gained to my current working environment.

Sincerely,

(Participant's Signature)

(Date)